

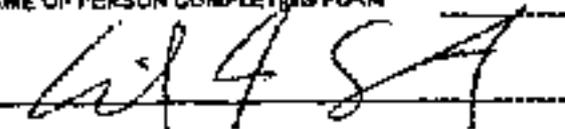
FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations	
(a) Name The Media Fund	
(b) Address (number and street) <input type="checkbox"/> Check if different than previously reported 885 16th Street NW	2. FEC Identification Number N/A
(c) City, State and ZIP Code Washington, DC 20006	
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation N/A
3. Is This Statement <input type="checkbox"/> New or <input checked="" type="checkbox"/> Amended	4. Covering Period 10/27/2004 through 10/28/2004
5. (a) Date of Public Distribution(s) 10/28/2004	(b) Communication Title <small>Comm: Family Friends, Reopen Doors to Black and Hispanic, Build South America's Bright Future</small>
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. Custodian of Records	
(a) Name Erik Smith	
(b) Address (number and street) 885 16th Street NW	
(c) City, State and ZIP Code Washington, DC 20006	
(d) Name of Employer or Principal Place of Business The Media Fund	(e) Occupation President
9. Total Donations This Statement	0.00
10. Total Disbursements/Obligations This Statement	513522.88

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Erik Smith

SIGNATURE  DATE 10-29-04

NOTE: Submission of false, misleading or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5427b.